

COUNCILLORS

Jonathan Wheeler (Chairman)
Bethan Eddy (Vice-Chairman)

Mike Adams
Sinead Anderson
Callum Bailey
Steve Carr
David Martin

John 'Maggie' McGrath - **Apologies**
Nigel Turner
Michelle Welsh
John Wilmott

SUBSTITUTE MEMBERS

Councillor Kate Foale for Councillor John 'Maggie' McGrath

OTHER COUNCILLORS IN ATTENDANCE

Councillor Keith Girling

OFFICERS

Martin Elliott - Senior Scrutiny Officer
Noel McMenamin - Democratic Services Officer

ALSO IN ATTENDANCE

David Ainsworth	–	Sherwood Forest Hospitals NHS Trust
Alex Ball	–	Nottingham and Nottinghamshire ICB
Phil Britt	–	Nottingham University Hospitals NHS Trust
Lucy Dadge	–	Nottingham and Nottinghamshire ICB
Alun Harcombe	–	Nottingham University Hospitals NHS Trust
Victoria McGregor-Riley	–	Nottingham and Nottinghamshire ICB
Ben Owens	–	Sherwood Forest Hospitals NHS Trust
Mark Wightman	–	Nottingham and Nottinghamshire ICB

The Chairman, in his first meeting as the Chairman of the Health Scrutiny Committee expressed his thanks to Councillor Mrs. Sue Saddington for the work that she had carried out in her time as Chairman of the committee.

1 MINUTES OF THE LAST MEETING HELD ON 14 NOVEMBER 2023

The minutes of the last meeting held on 14 November 2023, having been circulated to all members, were taken as read and signed by the Chairman.

2 APOLOGIES FOR ABSENCE

Councillor John 'Maggie' McGrath (medical/illness)
Sarah Collis – Nottingham and Nottinghamshire Healthwatch

3 DECLARATIONS OF INTEREST

Councillor Eddy declared a personal interest in agenda item agenda item 4(Newark Urgent Treatment Centre - Opening Times) and in agenda item 5 (Tomorrow's NUH - Proposal to Consult), in that her husband was a Community Staff Nurse who had previously worked for Sherwood Forest Hospitals NHS Trust, that did not preclude her from speaking or voting.

Councillor Welsh declared a personal interest in agenda item 5 (Tomorrow's NUH - Proposal to Consult), in that she had had involvement with the Ockenden Review on Maternity Services at NUH, that did not preclude her from speaking or voting.

4 NEWARK URGENT TREATMENT CENTRE - OPENING TIMES

Lucy Dadge – Director of Integration, Victoria McGregor-Riley – Commissioning Delivery Director and Alex Ball – Director of Communications and Engagement from the Nottingham and Nottinghamshire ICB and David Ainsworth – Director of Strategy and Partnerships and Ben Owens – Consultant in Emergency Medicine from the Sherwood Forest Hospitals NHS Trust attended the meeting inform the Committee of the outcomes of recent engagement exercise in respect of urgent treatment provision at Newark Hospital.

Newark Hospital's Urgent Treatment Centre (UTC) had been temporarily closed for overnight admissions in April 2020 to prioritise emergency service provision during the Covid 19 pandemic, and the temporary closure had been extended in 2021 and 2022. At its June 2023 meeting the Committee had been advised at its that the temporary closure was to be extended for a further 12 month period, to the end of June 2024. At this meeting, the Committee received assurance that this would be the final temporary extension of current arrangements, and that proposals for the future operation of the UTC would be presented to the Committee before the end of 2023.

In September 2023, the Committee was advised that a listening exercise would be conducted to gauge local public and stakeholder opinion on revised opening times. An independent review by the East Midlands Clinical Senate had also been conducted, along with Options Appraisal process having been carried out. Full details of all of these aspects of work were appended to the Chairman's report.

Alex Ball and Victoria McGregor-Riley made a presentation to the meeting on the that provided information on the findings of the Listening Exercise, the feedback

from the NHS England Midlands Clinical Senate, the Options Appraisal process, and next steps in the work being carried out regarding the opening times of the UTC. A **summary** of the presentation is detailed below.

- The listening exercise had been carried out between 4 September and 17 October using a range of methods that had been designed to reach and engage with as many people as possible. In total, 1,932 people had participated.
- The listening exercise had shown:
 - 70.5% of survey respondents strongly disagreed/disagreed that the current opening hours of the service are suitable.
 - The majority of people had said that they would like Newark UTC to be open 24 hours and/or an Accident and Emergency Department.
 - If the UTC was to remain open 13 hours a day, there was no consensus of views regarding whether the opening hours should stay as they are, open earlier in the morning and close later in the evening, or open later in the morning and close later in the evening.
 - A minority suggested extending the opening hours beyond the current 13 hours.
- Information had been gathered on how Newark residents accessed out of hours health care and on their experiences of that care. It was noted that the overall feedback about the services provided, and the treatment received was positive. It was also noted that:
 - People of Newark found it difficult to access services outside of Newark due to challenges related to transportation and travel, and so preferred to access services locally.
 - It was difficult to navigate the health and care system and know how to access the right service at the right time.
 - Accessing GP services in Newark could be challenging, with a perception that this increased the pressure on other services.
- The work of the Clinical Senate noting that Clinical Senates helped organisations who were planning and buying healthcare services to make the best decisions for the people who use the services. Patient and public members of the senates worked alongside healthcare professionals to offer advice and guidance. The committee were advised that following its considerations the Clinical Senate panel had concluded that the UTC at Newark should permanently close overnight.
- The Options Appraisal process that had been carried out. The Options Appraisal Panel had included members representing clinical, public health, primary care, commissioning, operational, communications and engagement expertise. It had also included advocates representing patients, public and the voluntary and community sector. It was noted that the outcomes of the listening exercise, Clinical Senate review and the

Options Appraisal process had been considered within the ICB's existing decision-making processes on 7 December.

- NHS England would be holding a Stage 2 assurance discussion with the ICB within the next few weeks before the ICB Board made a decision on next steps later in the new year. This decision would take into consideration the outcome of the listening exercise, the view of the Clinical Senate and the outcomes of the Options Appraisal.

The Chairman noted the staffing and safety related issues that had meant that the UTC had had to be closed overnight and asked whether the problems of having to close the UTC at short notice due to staff shortages would be replicated if the UTC returned to 24hour opening. Ben Owens advised that staff shortages were still an ongoing issue across health services, and whilst Sherwood Forest Hospitals (SFH) NHS Trust was in a better situation than many other NHS Trusts around staffing, staffing was still a challenge. Ben Owen's noted that due to the very low footfall at the UTC overnight, that a disproportionate amount of staff resource had been used in providing this service, and that this in turn had made staffing the UTC during the busier day time hours more challenging.

In the discussion that followed, members raised the following points and questions.

- That the ongoing investment in developing services at Newark Hospital was welcomed, however due to the growing population of Newark further investment would be needed in local health care services. Members noted that the overwhelming view of Newark residents had been that the UTC should be open 24hours to meet their urgent healthcare needs. Members agreed that it was essential that the views of Newark residents were fully considered in the decision making processes on the Newark UTC opening times.
- Members noted that many Newark residents felt that there should be a full Emergency Department at Newark Hospital.
- Members sought assurance that the final decision on the opening UTC would be based on healthcare and not financial considerations.
- Whether a significant number of Newark patients were accessing urgent care at Kings Mill Hospital (KMH) or at Grantham Hospital.
- Members welcomed the relatively good position that SFH NHS Trust was in regarding staffing and noted with approval the good relations that it had with its staff.
- What the waiting times were like for residents in receiving call backs and accessing other support after calling 111.
- Whether there was a risk that a patient's condition could worsen and become an emergency if they could not access the UTC and had to wait until the next day to access care.

In the response to the points raised, Ben Owens, Lucy Dadge, Alex Ball and David Ainsworth advised:

- The initial decision to close Newark UTC overnight had been due to patient safety, any future decisions on its opening times would be based on the ability to provide a safe and reliable service.
- The ICB and SFH NHS Trust were committed to listening to Newark residents. The views of residents would be considered alongside the view of the Clinical Senate, the Options Appraisal and on operational information when making a final decision on the opening times for Newark UTC. Lucy Dadge stated that the ICB was committed to listening to residents in order to understand their needs and views.
- There were low levels of Newark residents accessing urgent care out of area. It was noted that on average only one Newark resident a day accessed urgent care at Grantham, with similarly low numbers accessing urgent care at KMH.
- Ben Owens noted that the delivery of a full Emergency Department at Newark Hospital would require a complete redevelopment of Newark Hospital and that even if the population of Newark were to double, Newark would still not be of a size that would meet the criteria for the delivery of a full Emergency Department. Ben Owens noted the difference between urgent and emergency care. It was noted that the delivery of Emergency Departments needed to be done at scale with the backup of a full range of facilities that could deal with life threatening incidents on site such as resuscitation rooms. These facilities could not be provided at Newark Hospital.
- It was noted closing overnight enabled the Newark UTC to provide a better service to patients during the hours of peak demand as staffing levels could be focussed on these hours. David Ainsworth advised that it was desirable to give residents certainty on when they could access the UTC and that it was not desirable to have to close the UTC at night at short notice as this did not provide a good service to the residents of Newark.
- Ben Owens advised that in medical emergencies residents should always access emergency and not urgent care. It was acknowledged that more work was required to help residents understand the difference between urgent and emergency care as well as to raise awareness of the full range of urgent care services that were available for residents to access.
- Alex Ball advised that the outcomes of the listening exercise had shown that residents experience of accessing services through 111 was positive overall, with other engagement activity also showing good levels of patient satisfaction with the 111 service.

- Ben Owens noted that whilst it was possible that some patient's conditions may become more serious by not being able to access the UTC overnight, these were unlikely to become they type of cases that would need the support of Emergency Department care. Ben Owens advised that cases such as a patient not responding to antibiotics would not deteriorate at a speed so as to require access to care overnight. It was emphasised that in an emergency, that support must be sought by calling 999 to access emergency care.

Councillor Keith Girling addressed the meeting as a local councillor whose division included Newark Hospital. Councillor Girling noted:

- Having used the UTC as well as the 111 service he had found both services very efficient and responsive to his needs.
- When using the UTC after breaking his leg it had been reassuring to know that due to the current opening hours that the UTC would be open.
- For emergency situations that needed the support of an Emergency Department, patients in Newark were swiftly taken to KMH.
- Newark residents wanted certainty of when the UTC would open. Whilst it was understandable that residents when asked had stated that they would like a 24 hour UTC, that unfortunately due to staffing resources this would be very hard to deliver safely. To provide the best service to Newark residents it was important that that the available staff were used to provide care at the UTC during the times when there was the highest demand for services.

The Chairman noted that as the proposals for the urgent treatment provision at Newark Hospital were developed further, that good communication with Newark residents was essential.

The Chairman thanked Lucy Dadge, Alex Ball, and David Ainsworth and Ben Owens for attending the meeting and answering members' questions.

RESOLVED 2023/24

- 1) That the findings of the listening exercise in relation to the opening times of Newark Urgent Treatment Centre, as detailed in the appendices to the Chairman's report, be noted.
- 2) That the feedback from the Clinical Senate, in relation to the opening times of Newark Urgent Treatment Centre, as detailed in the appendices to the Chairman's report, be noted.

- 3) That the Options Appraisal process that has been carried out in relation to the opening times of Newark Urgent Treatment Centre, as detailed in the appendices to the Chairman's report, be noted.
- 4) That a further report on the work being carried out by the ICB in respect of urgent treatment provision at Newark Hospital be considered at the January 2024 meeting of the Health Scrutiny Committee, subject to confirmation that a report and supporting documentation being ready for publication by early January 2024.

Councillor Wilmott left the meeting after the consideration of this item and did not return.

7 TOMORROW'S NUH - PROPOSAL TO CONSULT

Alex Ball – Director of Communications and Engagement, Lucy Dadge – Director of Integration and Mark Wightman – Director of Strategy and Reconfiguration from the Nottingham and Nottinghamshire ICB, and Phil Britt - Tomorrow's NUH Programme Director and Alun Harcombe - Deputy Medical Director from Nottingham University Hospitals NHS Trust attended the meeting to provide a progress report on the Pre-Consultation Business Case, Consultation document and the plan for consultation on Tomorrow's NUH. It was noted that when the Committee had last considered a report on the Tomorrow's NUH Programme at its October 2023 meeting, it had been agreed that it would receive the Pre-Consultation Business Case, Consultation Document and Consultation Plan for consideration when they were available.

Mark Wightman and Alex Ball made a presentation to the meeting. A **summary** of the presentation is detailed below.

- The ICB had specific responsibilities relating to major service change, that were:
 - To develop a Pre-Consultation Business Case (PCBC) which makes the case for how the proposed service reconfiguration will meet the health and care needs of our population and bring additional benefits to the community.
 - To ensure that patients and the public are engaged and can meaningfully influence the developing proposals.
 - To lead a formal public consultation* on the proposals when the PCBC has been through the NHSE assurance process.
- How the consultation plan described how a public consultation would be carried on a set of options for developing NUH facilities and services.
- The approach that would be taken in delivering the consultation that would make sure that consultation methods and approaches were tailored to specific audiences and their communication needs.

- A range of different methods would be used to engage with citizens and stakeholders to understand their views including:
 - Targeted engagement/focus groups with communities. Groups and communities who may be most affected by the proposals had been identified through extensive stakeholder mapping.
 - Specific interest sessions. Online and in-person sessions would focus on a topic or theme.
 - Public meetings. Online and in-person meetings would provide an overview of the proposals.
 - Survey. Online and hard-copy versions would be available, along with the opportunity to complete over the telephone.

The presentation also highlighted the responses to the questions that had been raised by members of the committee at the October 2023 meeting of the Health Scrutiny Committee. These responses were detailed in the appendix to the Chairman's report.

In the discussion that followed, members raised the following points and questions.

- Tomorrow's NUH was a significant project, the implementation of which had been delayed due to the Government prioritising spending on hospital projects where RAAC was a significant issue. Was the ICB and NUH confident that the funding needed from Government for the delivery of Tomorrow's NUH would be provided before it committed to carrying out a complex and costly consultation process?
- The plans to have a dedicated Women's and Children's health space in the plans for Tomorrow's NUH was particularly welcome. Members sought assurance that the plans that were being developed would be flexible enough to be able to respond to the outcomes of the Ockenden review on Maternity Services that was currently taking place.
- Members sought assurance that the plans for Tomorrow's NUH had been created with a focus on addressing health inequalities.
- Members expressed concern over some of the language that had been used in the draft documentation around the consultation with regard to Maternity Services.
- Members asked for further information on the potential impact on the Tomorrow's NUH plans around the plans by the University of Nottingham's plans to move its medical school out of its current site at QMC.

In the response to the points raised, Lucy Dadge, Phil Britt and Alex Ball advised:

- There was no "do nothing" option with regard to the redevelopment of the NUH sites. Both QMC and the City Hospital sites, due to the physical condition and age of the buildings required significant investment and

redevelopment to bring them up to modern standards, and as such there was no likelihood of the NHS not investing in their redevelopment.

- Lucy Dadge advised that it had been made clear to the ICB by the NHS that the funding required for the delivery of the Tomorrow's NUH programme was available and only a very significant and unforeseen incident elsewhere in the NHS would have the potential to delay the delivery of the programme. It was also noted that the redeveloped sites would deliver savings in the future as the new, modern buildings would be less costly to run and maintain.
- The work surrounding the development of the Tomorrow's NUH proposals was aligned to the ongoing Ockenden review. Lucy Dadge assured the committee that the recommendations that came from the Ockenden review would be fully taken account of and integrated into the Tomorrow's NUH proposals as they arose.
- Tackling and reducing health inequalities was a key priority for the ICB and Integrated Impact Assessments had been developed as part of the Tomorrow's NUH programme to support the delivery of this key priority.
- Lucy Dadge acknowledged the committee's concerns over some of the language that had been used in the documentation, noting that the use and choice of language was very important. Lucy Dadge stated that draft consultation documents would be reviewed to take into account the committee's comments on some of the language and wording that had been used.
- Nottingham University was still considering all options for its medical school and no final decision had been made on where it would be located when the current site closed. Alex Ball reaffirmed to the committee that the medical school was not closing, and options were being considered by the University on the potential to move the medical school new a new build site.

The Chairman thanked Alex Ball, Lucy Dadge, Mark Wightman, Phil Britt, and Alun Harcombe for attending the meeting and answering members' questions.

RESOLVED 2023/25

- 1) That the contents of the pre-consultation business case, consultation document and consultation plan, as appended to the Chairman's report, be noted.
- 2) That the responses to the recommendations previously made by members regarding engagement with the public, as appended to the Chairman's report, be noted.

- 3) That it be noted that the Health Scrutiny Committee supports the Integrated Care Board proceeding to public consultation on the Tomorrow's NUH proposals should the ICB Board agree to do so at its January 2024 meeting.

8 WORK PROGRAMME

The Committee considered its Work Programme. During discussion, a number of additional issues were raised as possible future areas for consideration by the Committee. These included – mental health: wider in-bed provision for both adults and children and young people, suicide prevention, particularly for young men, lung disease (cancer, fibrosis etc) pathways to treatment and prevalence and health inequalities.

RESOLVED 2023/26

- 1) That the Work Programme be noted.
- 2) That the additional items be listed for further consideration on how to address these through the health scrutiny function.

The meeting closed at 1:09pm

CHAIRMAN